

FORM CT-1120SI
Connecticut S Corporation
Information and Composite Income Tax Return**CT-1120SI**
2000**Important:** Please Read Instructions Before Completing this Form

For calendar year 2000, or other taxable year ▶ beginning _____, 2000, and ▶ ending _____.

Corporation Name ▶		Federal Employer ID Number
Number and Street ▶	PO Box ▶	Date Received (FOR DEPARTMENT USE ONLY)
City or Town ▶	State ▶	ZIP Code ▶
		Connecticut Tax Registration Number

Check here if: Amended Return ☐ Final Return ☐ Total number of shareholders during the taxable year: Resident ▶ _____ Nonresident ▶ _____**PART I Schedule A** (See instructions)

A		B	C	D	E
NONRESIDENT SHAREHOLDER'S NAME	IDENTIFICATION NO.	Connecticut Source Income (See Instructions)	TAX (Col. B X .045)	Estimated Tax Paid, If Any	Interest (Form CT-2210)
1.	▶	▶			
2.	▶	▶			
3.	▶	▶			
4.	▶	▶			
5.	▶	▶			
6.	▶	▶			
7. Subtotal from additional schedules (if needed)					
8. Total Connecticut source income (Add Lines 1 - 7, Column B)					
9. Total composite return tax liability (Add Lines 1 - 7, Column C)					
10. Total estimated tax paid, if any (Add Lines 1 - 7, Column D)					
11. Total interest due (Add Lines 1 - 7, Column E)					

PART I Schedule B

COMPUTATION OF COMPOSITE RETURN TAX DUE			
1. Total Connecticut source income of nonresident individual shareholders included in composite return (From Part 1, <i>Schedule A</i> , Line 8, Column B)	▶	1	
2. Tax liability: Multiply Line 1 by 4.5% (.045)	▶	2	
3. Payments of estimated tax, if any (From Part 1, <i>Schedule A</i> , Line 10, Column D)	▶	3	
4. Payment made with extension request	▶	4	
5. Total payments (Add Line 3 and Line 4)	▶	5	
6. If Line 5 is more than Line 2, enter amount overpaid (Subtract Line 2 from Line 5)	▶	6	
7. Amount of Line 6 to be applied to 2001 estimated tax	▶	7	
8. Amount of Line 6 to be refunded (Subtract Line 7 from Line 6)	▶	8	
9. If Line 2 is greater than Line 5, enter amount of tax owed (Subtract Line 5 from Line 2)	▶	9	
10. If late: Enter Penalty (See instructions)	▶	10	
11. If late: Enter Interest (1% (.01) X number of months late, or fraction thereof, X amount on Line 9)	▶	11	
12. Interest for underpayment of estimated tax (Attach Form(s) CT-2210 if applicable)	▶	12	
13. Balance due with this return (Add Lines 9 through 12)	▶	13	

Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES

Mail to: Department of Revenue Services, PO Box 2967, Hartford CT 06104-2967, by the 15th day of the fourth month following the close of the taxable year.

DECLARATION: I declare under the penalty of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGN HERE Keep a copy of this return for your records.	Signature of Officer	Title	Date	Telephone Number ()
	Paid Preparer's Signature		Date	Preparer's SSN or PTIN
	Firm Name and Address			Federal Employer ID Number
				Telephone Number ()

Check if you used a paid preparer and do not want forms sent to you next year. ▶ ☐

Checking this box does not relieve you of your responsibility to

PART II Income Apportionment (See instructions)**Complete this part ONLY**
if ALL of the following apply:

- (A) There are one or more nonresident shareholders; and
 (B) The S corporation carries on business both within and outside Connecticut; and
 (C) The books and records do not satisfactorily disclose the portion of income derived from or connected with Connecticut sources.

Items Used as Factors		Column A Totals Everywhere	Column B Connecticut Only	Column C Decimal Notation
1. Real property owned	1			Percent Column B is of Column A
2. Real property rented from others	2			
3. Tangible personal property owned or rented	3			
4. Property owned or rented (Add Lines 1, 2, and 3) ..	4			
5. Employee wages and salaries	5			
6. Gross income from sales and services	6			
7. Total (Add Lines 4, 5, and 6, Column C)	7			
8. Apportionment fraction (Divide Line 7 by three or actual number of fractions)	8			

PART III Business Information

Attach schedule to the back of this return listing all places, both within and outside Connecticut, where the S corporation carries on business.

PART IV Shareholders Information

Shareholder # (List nonresidents first, residents next)	Federal ID Number or Social Security Number	% Stock Ownership	Nonresident	
			Yes	No
▶ #	▶	▶		
▶ #	▶	▶		
▶ #	▶	▶		

PART V Nonresident Shareholders' Share of Connecticut Source Income (Including Connecticut Modifications)

Connecticut-sourced portion of items from federal Schedule K-1 (Form 1120S) (See instructions)	SHAREHOLDER		
	▶ #	▶ #	▶ #
1. Ordinary (nonseparately stated) income (loss)	▶	▶	▶
2. Net income (loss) from rental real estate activities	▶	▶	▶
3. Net income (loss) from other rental activities	▶	▶	▶
4. Portfolio income	▶	▶	▶
5. Expense deduction for property under I.R.C. §179	▶	▶	▶
6. Other deductions	▶	▶	▶
7. Net gain (loss) under I.R.C. §1231 (other than due to casualty or theft) ..	▶	▶	▶
8. Other income (loss) (Attach schedule)	▶	▶	▶

The S corporation must provide each nonresident shareholder with a schedule of amounts of income derived from or connected with sources within Connecticut for inclusion by the shareholder on the appropriate lines of *Schedule CT-SI* of **Form CT-1040NR/PY** or *Schedule CT-1041FA* of **Form CT-1041**, as the case may be.

PART VI Shareholders' Share of Connecticut Modifications

	SHAREHOLDER		
	▶ #	▶ #	▶ #
ADDITIONS — ENTER ALL AMOUNTS AS POSITIVE NUMBERS			
1. Interest on state and local obligations other than Connecticut	▶	▶	▶
2. Exempt-interest dividends on state and local obligations other than CT	▶	▶	▶
3. Certain deductions relating to income exempt from Connecticut Income Tax	▶	▶	▶
4. Ordinary loss (See instructions) Enter 30% of each shareholder's share	▶	▶	▶
5. Other (Specify)	▶	▶	▶
SUBTRACTIONS — ENTER ALL AMOUNTS AS POSITIVE NUMBERS			
6. Interest on U.S. obligations	▶	▶	▶
7. Dividends from certain mutual funds owning U.S. obligations	▶	▶	▶
8. Certain expenses related to income exempt from federal income tax but subject to Connecticut tax	▶	▶	▶
9. Ordinary income (See instructions) Enter 30% of each shareholder's share	▶	▶	▶
10. Other (Specify)	▶	▶	▶

The S corporation must provide each shareholder with the amounts of Connecticut modifications (as reported in Part VI) for inclusion by the shareholder on *Schedule 1* of **Form CT-1040** or **Form CT-1040NR/PY**, or *Schedule A* of **Form CT-1041**, as the case may be. The S corporation must also provide each nonresident shareholder with information about the portion of the amounts reported in Part VI that is Connecticut sourced for inclusion by the shareholder on *Schedule CT-SI* of **Form CT-1040NR/PY** or *Schedule CT-1041FA* of **Form CT-1041**, as the case may be.